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**Mentoring for 11-18 year olds**

**Referral Form**

*Please complete all pages and return to: kirklees@yorkshirementoring.org.uk*

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**& type the password you have been provided by Yorkshire Mentoring & save**

**REFERRING ORGANISATION DETAILS**

|  |  |
| --- | --- |
| Referring Organisation |  |
| Name |  |
| Position |  |
| Telephone number |  |
| Email |  |
| In what capacity do you know the young person? |  |
| How long have/will you be working with the young person? |  |

 **YOUNG PERSON DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Young Person’s Phone Number  |  |
| Any known learning needs? |  |
| Date of birth |  |
| Gender identified |  |
| Ethnicity |  |
| Any known medical conditions or allergies  |  |

**PARENT/CARER DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Relationship to young person |  |
| Address |  |
| Postcode |  |
| Parent/Carer Phone Number/s |  |

**EDUCATION DETAILS**

|  |  |
| --- | --- |
| Does the young person attend: | School/College/AP/Employment/Other (delete as applicable) |
| Year Group |  |
| Name of school/college/company/other  |  |
| Name of link staff member  |  |
| Telephone |  |
| Email |  |
| Current education/work attendance rate as percentage for previous term/last 6 weeks  |  |

**REFERRAL CRITERIA**

Applicants must be 11 - 18 years old**. They must consent to seeing a mentor.** They must either live, be educated or work in Kirklees area

We support young people who could be considered to be at risk of offending. Research indicates those most ‘at risk’ meet multiple risk factors from those detailed below. Applicants must meet **at least two** risk factors

Please put an ‘x’ against each risk factor relevant to the referral.

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |   |  | Young people in or leaving care |
|  |  |  |  |
| 2 |   |  | Young people excluded or at risk of exclusion from education |
|  |  |  | ***OR*** |
|  |   |  | Young people not in employment or training |
|  |  |  |  |
| 3 |   |  | Young people displaying signs of anti–social, criminal behaviour or at risk of exploitation; |
|  |  |  |  |
| 4 |   |  | Young people affected by drugs, crime and or alcohol directly or within their family  |
|  |  |  |  |
| 5 |   |  | Young people experiencing emotional problems such as bullying, bereavement, domestic |
|  |  |  | abuse or family issues, including a culture of offending within their family |

 **REASONS FOR REFERRAL**

**What are the reasons for the referral?**

Please complete reasons within the following FOUR areas.

In answering this question reference the risk factors you highlighted above, expanding each box as required.

|  |  |
| --- | --- |
| **Learning & Attainment*****For example*;** Improving positive values and beliefs, Increase aspirations and positive outcomes |  |
| **Improve Self-confidence and efficacy including positive relationships**  |  |
| **Parents/Carers & Home Life***What are the vulnerabilities* |  |
| **Wider Family, Peers & Environment***For example, is there a lack of Positive peer group; links to positive pastimes; and a need to develop new social interests* |  |
| **Other***If the young person has been cautioned or had interaction with the police or entered the Youth Justice System please detail here.* |  |

|  |
| --- |
| **What do you hope might be achieved for this young person through mentoring?****Is there a target as the education provider you are wanting to achieve?** |

**\*YES Service referrals only - ASSESSMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If a referral is made to Yorkshire Mentoring via YES, all other support will run alongside the mentoring for young people under 18 years of age offered by Yorkshire Mentoring. Yorkshire Mentoring, will be in place for a period of up-to 4 Months meeting weekly or *until* Yorkshire Mentoring stop working with the young person through failed engagement. **Has any offer Early Help Offer been put in place?** Yes/No (If **YES** then please complete information on this referral form) If not, are there any reasons for this?**Is there a member of the YES team who you wish us to liaise with regarding any required meetings during the mentoring period?** Yes/NoIf not, why not?Please detail all services known to be supporting young person (except school/AP/ college/employer already given).

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Contact** | **Phone**  | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 |

**DO YOU HAVE A CURRENT RISK ASSESMENT FOR THIS YOUNG PERSON?** Yes/No

(Please attach)

**ALTERNATIVE SERVICES**

 **Yorkshire Mentoring – Community Reach Out** is one of three services funded by Safer Kirklees & VRU to support young people at risk of offending - the other services being **Wrong Look Wrong Time Wrong Place Knife Crime awareness workshops** across Kirklees, and **School Based Mentoring** Support based in Kirklees.

Our programmes offers support to 11 to 18 year olds through a volunteer mentor, and some group activities connecting young people with other local projects where its identified.

***Has the referred young person previously worked with Yorkshire Mentoring?*** *Please delete* ***Yes / No***

*If* ***yes****, please detail when and for how long:*

**YOUNG PERSON’S REASONS**

Where possible, please support the young person referred to explain why they’d like to be mentored and what they would hope to gain:

|  |
| --- |
| I would like to be mentored because... |

I have agreed to share the above personal information, including any offending behaviour history, with Yorkshire Mentoring and understand that in giving this information, it will be treated in the strictest confidence.

I understand what working with Yorkshire Mentoring will involve, and want to be mentored.

###### Signature of Young Person: Date:

**Signature of Parent / Carer: Date:**

Verbal agreement from young person, parent, carer is acceptable. If the referral is accepted a consent will be taken from to the parent / carer for community-based mentoring when met for introduction.

**THANK YOU**

We will contact the referrer on receiving the referral to confirm next steps

**Please return completed forms to:**

**Kirklees@yorkshirementoring.org.uk**

[www.yorkshirementoring.org.uk](http://www.yorkshirementoring.org.uk)

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